

# **7 FAM 500 Appendix H (Old 7 FAM 270 Department of Labor)**

*(TL:CON-42; 3-25-87)*

This appendix contains the text of old subchapter 7 FAM 270 , Department of Labor. Because this material has not been revised, we are publishing the old (and still valid) text in this format to alleviate some of the confusion caused by having old and new 7 FAM chapter numbers in existence. When this material is revised and issued as part of the chapter text, this appendix will be deleted. The appendix internally retains the old 7 FAM numbering.

## **7 FAM 270 DEPARTMENT OF LABOR**

*(TL:CON-61; 3-3-76)*

### **7 FAM 271 OFFICE OF WORKERS' COMPENSATION PROGRAMS**

#### **7 FAM 271.1 Initiating Claims Abroad**

Applications from U.S. Government employees for benefits under the Federal Employee's Compensation Act incident to deaths and injuries sustained in the performance of duty by persons employed abroad by the Department of State are processed in accordance with the provisions of 3 FAM 689 . Applications for benefits for persons employed abroad other than those employed by the Department should be handled by the agency concerned.

#### **7 FAM 271.2 Medical Examination**

##### **7 FAM 271.2-1 Request for Examination**

A request by the Office of Worker's Compensation Programs (OWCP) for a post to arrange for a medical examination will indicate the nature and scope of the examination desired and the special features to be covered. No form is supplied for the physician's use, the OWCP preferring to have a narrative summary of the physician's findings.

##### **7 FAM 271.2-2 Action by Post**

The post arranges to have a qualified physician believed to be competent and reliable perform the examination in accordance with the special instructions received from the OWCP. If there are available the services of a fulltime, salaried U.S. medical officer (either a member of the Armed Services, Public Health Services, or a physician serving in a civilian capacity in reasonable proximity to the claimant), those services should be used. The examination by any qualified physician is to be conducted at the expense of the OWCP. The post informs the examinee of the time and place of appointment and instructs the physician to send the report direct to the post, under no circumstances giving it to the examinee. The post returns the completed report by air in an envelope addressed to:

The examination report should be submitted promptly. (See section 7 FAM 271.4 regarding translations.) The payment of benefits may depend upon the outcome of the examination.

### **7 FAM 271.2-3 Payment for Medical Examinations**

The letter requesting the medical examinations is usually accompanied by a form which authorizes the examination, provides space for a medical report, and may also be used by the physician performing the examination to request payment of fees. The charges are not to be in excess of usual local charges for similar services. In due course, a check for the approved amount will be sent to the physician by the OWCP. Since unitemized vouchers cannot be honored, all entries on the voucher must be itemized in sufficient detail to show clearly the services performed.

### **7 FAM 271.2-4 Payment for Related Expenses**

If the claimant must incur expenses in connection with the medical examination, such as transportation or overnight accommodations if coming from a distance, a claim for reimbursement may be submitted on Standard Form 1012, Travel Voucher, supported by itemized receipts. If no SF-1012 is available, the claim may be submitted in a letter accompanied by the itemized receipts. In either case, any claim for reimbursement of related expenses is to be forwarded by the post direct to the OWCP, preferably with the examination report.

### **7 FAM 271.3 Expenditures**

No expenditures are to be made in behalf of the OWCP unless specific prior authorization is received.

## **7 FAM 271.4 Translations**

It is the responsibility of the agency by which the claimant is employed to see that each report or document in a foreign language is accompanied by an English translation. The OWCP has no translation facilities available.

## **7 FAM 271.5 Inquiries About Benefits**

A beneficiary seeking information about the OWCP case, or a person inquiring about a benefit, should direct an inquiry to the superior or to the OWCP. Changes of address will be recognized only when submitted over the employee's own signature.

## **7 FAM 271.6 Inquiries About Benefits Checks**

The individual concerned must report promptly by international airmail direct to the OWCP the nonreceipt of a benefit check, since lost or missing checks cannot be traced without such notification.

## **7 FAM 271.7 Nonperformance of Service**

If for any reason it is impossible for the post to perform a requested service, the pertinent facts are to be reported in an operations memorandum sent by the post by air in an envelope bearing only the address of the OWCP. Such action is to be taken as soon as it becomes apparent that the service cannot be performed within a reasonable time. Refusal of an employee to submit to a required examination suspends right to compensation; if such refusal results in inability to have the examination performed, details are to be included in the report to the OWCP.

# **7 FAM 272 BLACK LUNG BENEFITS PROGRAM**

## **7 FAM 272.1 Entitlement**

Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended, provides Federal benefits payments to coal miners totally disabled due to pneumoconiosis, Black Lung, contracted during employment in underground coal mines. Survivors of miners who die from pneumoconiosis or who were totally disabled from this disease at the time of death may also be eligible for benefits.

## **7 FAM 272.2 Agency Jurisdiction**

Claims for benefits under the Black Lung program should be submitted to the Division of International Operations of the Social Security Administration, P.O. Box 1756, Baltimore, Maryland 21203. SSA will develop the claim to the point where a medical evaluation must be made. The case will then be transferred to the following office for further processing:

U.S. Department of Labor  
Office of Workers' Compensation Programs  
Division of Coal Mine Workers' Compensation  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

The Department of Labor will request the post to obtain appropriate medical evidence such as x-rays and ventilatory studies.

## **7 FAM 272.3 Application**

All applications submitted to the SSA will serve to protect the rights of an inquirer. However, proper Department of Labor forms must be completed by the claimant before the claim can be approved and an award made. Applications from living miners are submitted on Form CM-911, Miner's Claim for Benefits Under the Federal Coal Mine Health and Safety Act of 1969, as amended; from surviving widows, on Form CM-912(a), Widow and Surviving Divorced Wife Application; from surviving children or orphans, on Form CM-912(b), Application For Children of Deceased Miner or Deceased Entitled Widow; from dependent parents, brothers, or sisters, on Form CM-912(c), Application Form, Parents, Brothers, and Sisters Claim. Form CM-912(d), Supplemental Statement to Form CM-912(a), must be submitted with CM-912(a). These application forms, which should be completed in their entirety, should be accompanied by a completed Form CM-911(a), History of Coal Mine Employment. SSA will forward these forms to the post upon request.

## **7 FAM 272.4 Billing**

All bills for physical examinations or other medical services rendered to claimants for Black Lung benefits should be forwarded to the Department of Labor for payment. The physician or medical facility will be directly reimbursed by Treasury check by the Office of Workers' Compensation Programs (OWCP). Under no circumstances should the bills be reported as reimbursable expenses on the account of the Department of Labor or another Federal agency. To assist the Department of Labor in processing such billings, posts should include the claimant's SSA account number.

## **7 FAM 273 THROUGH 279 UNASSIGNED**